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- 1. A solution formulation comprising:
- (a) a physiologically tolerated mixed buffer system comprising TRIS combined with a buffering molecule which:
 - (i) absorbs carbon dioxide; and
 - (ii) does not contain a free amine group; and
 - (b) a polypeptide.
- 10 2. The formulation of claim 1, wherein the polypeptide is prone to aggregation.
 - 3. The formulation of claim 1, further comprising zinc, wherein the zinc forms a stabilizing complex with the polypeptide.
 - 4. The formulation of claim 1, further comprising a phenolic preservative.
 - 5. The formulation of claim 1, wherein the buffering molecule is selected from the group consisting of acetate, phosphate and citrate.
 - 6. The formulation of claim 5, wherein the buffering molecule is phosphate.
 - 7. The formulation of claim 4 further comprising an isotonicity agent.
 - 8. The formulation of claim 7, wherein the polypeptide is insulin.
 - 9. The formulation of claim 8, wherein the insulin is a monomeric insulin analog selected from the group consisting of LysB28ProB29-human insulin and AspB28 human insulin.
 - 10. The formulation of claim 8, wherein TRIS is present at a concentration of about 1.5 mg/ml to about 4.5 mg/ml; phosphate is present at a concentration of about 0.2 mg/ml to about 2.5 mg/ml, insulin is present at a concentration of about 250 to about 1000 U/ml, zinc is present at a concentration of about .07 μg/ml to about .09 μg/ml, m-cresol is present at a concentration of about

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- 2.2 mg/ml, phenol is present at a concentration of about 0.9 mg/ml and glycerol is the isotonicity agent and is present at a concentration of about 16 mg/ml.
- 11. The formulation of claim 10, wherein TRIS is present at a concentration of about 2 mg/ml to about 3 mg/ml and phosphate is present at a concentration of about 0.5 mg/ml to about 1.5 mg/ml.
 - 12. The formulation of 8 for use in a continuous infusion system.
- 13. A method for treating diabetes comprising administering an effective dose of the formulation of claim 8 to a patient in need thereof.
 - 14. A method for treating diabetes comprising administering an effective dose of the formulation of claim 8, wherein the formulation is administered using a continuous infusion system.
 - 15. A method for treating hyperglycemia comprising administering an effective dose of the formulation of claim 8 to a patient in need thereof.
 - 16. The method of claim 15, wherein the formulation is administered using a continuous infusion system.
 - 17. A stable, soluble formulation of insulin for use in a continuous infusion system, comprising: an isotonicity agent; a mixed buffer system comprising TRIS combined with a buffer selected from the group consisting of phosphate buffer, acetate buffer and citrate buffer; insulin; zinc; and a phenolic preservative.
 - 18. A process for preparing the monomeric insulin analog formulation of claim 9 comprising the steps of combining a physiologically-tolerated mixed buffer system comprising TRIS combined with a buffer selected from the group consisting of phosphate buffer, acetate buffer and citrate buffer; with the monomeric insulin analog; zinc; and a phenolic preservative.
 - 19. A method of stabilizing a polypeptide prone to aggregation comprising combining the peptide with a physiologically-tolerated mixed buffer system comprising TRIS mixed with a buffering molecule that

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does not contain a free amine group and which counteracts carbon dioxide; zinc; and a phenolic preservative.

- 20. The method of claim 19, wherein the buffering molecule is selected from the group consisting of acetate, phosphate and citrate.
 - 21. The method of claim 19, wherein the mixed buffer system further comprises an isotonicity agent.
- 22. The method of claim 19, wherein the polypeptide is a monomeric insulin analog selected from the group consisting of LysB28ProB29-human insulin and AspB28 human insulin.
 - 23. The method of claim 22, wherein TRIS is present at a concentration of about 1.5 mg/ml to about 4.5 mg/ml; phosphate is present at a concentration of about 0.2 mg/ml to about 2.5 mg/ml, the monomeric insulin analog is present at a concentration of about 250 to about 1000 U/ml, zinc is present at a concentration of about .07 µg/ml to about .09 µg/ml, m-cresol is present at a concentration of about 2.2 mg/ml, phenol is present at a concentration of about 0.9 mg/ml and glycerol is the isotonicity agent and is present at a concentration of about 16 mg/ml.
 - 24. The method of claim 23, wherein TRIS is present at a concentration of about 2 mg/ml to about 3 mg/ml and phosphate is present at a concentration of about 0.5 mg/ml to about 1.5 mg/ml.